

UNITED STATES
DEPARTMENT OF THE INTERIOR

SUBMIT IN TRIPPLICATE
(Other Instructions
verse side)

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

GEOLOGICAL SURVEY

LC 064175 - A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or recomplete or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ WIW	7. UNIT AGREEMENT NAME YOUNG UNIT
2. NAME OF OPERATOR NEWMONT OIL COMPANY	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR P. O. BOX 1305, ARTESIA, NEW MEXICO 88210	9. WELL NO. 5
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2310' FNL & 2310' FEL of Sec. 17, T-18S, R-32E	10. FIELD AND POOL, OR WILDCAT YOUNG QUEEN
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)
12. COUNTY OR PARISH Lea	13. STATE New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) ☐	

(Other) Convert to WIW

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

We propose to convert this well to WIW.

18. I hereby certify that the foregoing is true and correct

SIGNED Harmon G. Lister TITLE Division Superintendent DATE June 9, 1969

(This space for Federal or State office use)

APPROVED BY _____ TITLE ACCEPTED FOR FILING DATE 10/1

CONDITIONS OF APPROVAL, IF ANY: _____

J. L. Gordon
U. S. Geological Survey